

Complete Summary

TITLE

Lipid management in adults: percentage of patients with diagnosed coronary heart disease (CHD) or CHD equivalent who have had a diet evaluation.

SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Lipid management in adults. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2006 Jun. 76 p. [128 references]

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of patients with diagnosed coronary heart disease (CHD) or CHD equivalent who have had a diet evaluation.

RATIONALE

The priority aim addressed by this measure is to increase adherence with adjunctive treatment of patients with coronary heart disease (CHD) or CHD equivalent through education.

PRIMARY CLINICAL COMPONENT

Coronary heart disease (CHD); diet evaluation

DENOMINATOR DESCRIPTION

Number of patients with diagnosed coronary heart disease (CHD) or CHD equivalent whose records are reviewed (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

Number of patients with diagnosed coronary heart disease (CHD) or CHD equivalent who have had a diet evaluation

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [Lipid management in adults.](#)

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Group Clinical Practices

TARGET POPULATION AGE

Age 20 to 75 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

See "Burden of Illness" field.

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Family history of coronary artery disease was identified as a risk factor by the National Cholesterol Education Program (NCEP), in an attempt to screen for heterozygous familial hypercholesterolemia, as well as other genetically predisposed populations to coronary disease. Heterozygous familial hypercholesterolemia affects 1 in 500 persons in the United States with the risk of death from coronary artery disease increased almost four fold between the ages of 20 and 74. (Myocardial infarction leading to sudden death often occurs in these men in their 30's or 40's, and by age 50, 80 percent of males have ischemic heart disease.) Without intervention, approximately 50-75 percent of men with heterozygous familial hypercholesterolemia will have a myocardial infarction by age 60. Thompson showed the prevalence of coronary disease in men at age 35 equalled that in women at age 40 in contrast to the typical 10-year lag between men and women.

EVIDENCE FOR BURDEN OF ILLNESS

Institute for Clinical Systems Improvement (ICSI). Lipid management in adults. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2006 Jun. 76 p. [128 references]

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Living with Illness

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

All patients age 20 to 75 with diagnosed coronary heart disease (CHD) or CHD equivalent

The preferred way to collect these data:

- All patients 20 to 75 years old with diagnosed CHD or CHD equivalent could be identified. Each medical group would select at random 20 patients from this list for measurement each month.
- Medical records of these 20 patients would be reviewed to determine if a diet evaluation has been done.

An alternative way to collect the data if automated databases are not available for all patients to be measured:

- All patients 20 to 75 years old with diagnosed CHD or CHD equivalent in the previous 12 months would be identified at the medical group using International Classification of Diseases, Ninth Revision (ICD-9) diagnostic codes from the previous 12 months. Each medical group would select at random 20 patients from this list for measurement each month.
- Medical records of these 20 patients would be reviewed to determine if a diet evaluation has been done.

Data on 20 patients are collected monthly and reported quarterly.

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Number of patients with diagnosed coronary heart disease (CHD)* or CHD equivalent whose records are reviewed

*Patients age 20 to 75 years old with CHD or CHD equivalent include all those who received one or more of the following International Classification of Diseases, Ninth Revision (ICD-9) codes in the previous 12 months: 410 to 414.9, V45.81 (coronary bypass), or V45.82 (angioplasty). Even if a patient has never been diagnosed with a lipid disorder, and/or is not on lipid lowering treatment, they may be included if they are 20 to 75 years old and have diagnosed heart disease.

Exclusions

Unspecified

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition

DENOMINATOR TIME WINDOW

Time window precedes index event

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Number of patients with diagnosed coronary heart disease (CHD) or CHD equivalent who have a diet evaluation

Exclusions

Unspecified

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Episode of care

DATA SOURCE

Administrative data

Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Percentage of patients with diagnosed CHD or CHD equivalent who have had a diet evaluation.

MEASURE COLLECTION

[Lipid Management in Adults Measures](#)

DEVELOPER

Institute for Clinical Systems Improvement

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2003 Jul

REVISION DATE

2006 Jun

MEASURE STATUS

This is the current release of the measure.

This measure updates a previous version: Institute for Clinical Systems Improvement (ICSI). Lipid management in adults. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2005 Jun. 82 p.

SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Lipid management in adults. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2006 Jun. 76 p. [128 references]

MEASURE AVAILABILITY

The individual measure, "Percentage of patients with diagnosed CHD or CHD equivalent who have had a diet evaluation," is published in "Health Care Guideline: Lipid Management in Adults." This document is available from the [Institute for Clinical Systems Improvement \(ICSI\) Web site](#).

For more information, contact ICSI at, 8009 34th Avenue South, Suite 1200, Bloomington, MN 55425; phone: 952-814-7060; fax: 952-858-9675; Web site: www.icsi.org; e-mail: icsi.info@icsi.org.

NQMC STATUS

This NQMC summary was completed by ECRI on April 28, 2004. This NQMC summary was updated by ECRI June 9, 2005, August 21, 2005 and again on August 4, 2006.

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